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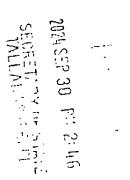
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## **COVER LETTER**

TO:	Registration Section Division of Corporations
Sub <b>j</b> i	ECT: Lazy cleaning 352 LLC Name of Limited Liability Company
The er	nelosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Brian X Controvas
	Lazy cleaning 352 LLC
	9516 5W 68th Lane
	Gaines ville FL 32608  City/State and Zip Code
	Lazdor m 35 a a mail com  E-mail address: (to be used for future agricul report notification)
For fi	urther information concerning this matter, please call:
	Brian Contreval at (352) 682 - 7668  Name of Person at (352) 682 - 7668  Area Code Daytime Telephone Number
_	osed is a check for the following amount:  \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAZY CLQ	ning352 LLC Ed Liability Company as it now appears on our records.) (A Florids-Limited Liability Company)
The Articles of Organization for this Limited Li Florida document number <u>L 240 000 5</u>	ability Company were filed on <u>Feb 1</u> , <u>2024</u> and assigned
This amendment is submitted to amend the follow	owing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREE	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	
B. If amending the registered agent and/or re agent and/or the new registered office addres	egistered office address on our records, <u>enter the name of the new registered</u> is here:
Name of New Registered Agent: New Registered Office Address:	Brian X Contreras 5 3 3 4 9516 5W 68th Lane Gather Folle FL Enter Florida street address Florida Flori
New Registered Agent's Signature, if changing F	
provisions of all statutes relative to the prope accept the obligations of my position as regis	d agent and agree to act in this capacity. I further agree to comply with the er and complete performance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S. Or, if this document is registered office address, I hereby confirm that the limited liability change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
Mrs	Tenny fer Contreros	95165W68th/n Gainesville 71 32608	□Add
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. Effective date, if (If an effective date is Note: If the date document's effect	other than the da listed, the date must be inserted in this block ive date on the Depa	te of filing: specific and can does not meet rtment of State	not be prior to date the applicable s's records.	25 202 of filing or more th latutory filing req	(optional an 90 days after filin uirements, this dat	g.) Pursuant to 60592 e will not be listed
						<u>4</u> 2 30 00 00 00 00 00 00 00 00 00 00 00 00
the record specifies accord is filed.	a delayed effective d	ate, but not an c	effective time, a	12:01 a.m. on th	e earlier of: (b)	The 90th day after the
Dated <u>Sl</u>	2t 25_	é	2024	_		
		1/1. 0	600			

Filing Fee: \$25.00